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CONFIRMATION NO. 5645

SERIAL NUMBER 10/502,519	FILING OR 371(c) DATE 01/14/2005 RULE	CLASS 222	GROUP ART UNIT 3754	ATTORNEY DOCKET NO. PG4657USw	
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** CONTINUING DATA ***** This application is a 371 of PCT/EP03/00598 01/22/2003					
** FOREIGN APPLICATIONS ***** UNITED KINGDOM 0201677.2 01/25/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		STATE OR COUNTRY GBN	SHEETS DRAWING 27	TOTAL CLAIMS 77	INDEPENDENT CLAIMS 1
ADDRESS 23347					
TITLE Medicament dispenser					
FILING FEE RECEIVED 2076	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		